

## PART B - FEE(S) TRANSMITTAL

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JUL 20 2005

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7590

05/24/2005

John E. Curtin, Esq.  
Troutman Sanders LLP  
1660 International Drive  
Suite 600  
McLean, VA 22102

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Patty Giebler (Depositor's name)  
Patty Giebler (Signature)  
7-15-05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/903,881

07/12/2001

Walid Ahmed

07/21/2005 RMEBRAH1 00009129 122325 09903881 1989

TITLE OF INVENTION: SYMBOL SYNCHRONIZER FOR IMPULSE NOISE CHANNELS

01 FC:1501  
02 FC:15041400.00 DA  
300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$1700

08/24/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
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WILLIAMS, LAWRENCE B

2634

375-354000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LUCENT TECHNOLOGIES INC.  
MURRAY HILL, NJ 07974  
STATE OF DELAWARE

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- ☐ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

12-2325

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

Registration No.

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